

Iowa Department of Human Services



Iowa 1115 Demonstration Waiver IowaCare Transition Plan

August 16, 2013

A. Summary and Overview

The goal of the IowaCare program was to expand access to health care services for low income uninsured Iowans who did not qualify for Medicaid under traditional eligibility categories. During the eight years since implementation, this 1115 Demonstration Waiver has provided coverage to over 145,000 individuals who would otherwise have had no access to health care.

The IowaCare 1115 Medicaid Demonstration Waiver was implemented in July 2005 and covered non-categorically eligible adults ages 19-64 with incomes at or below 200 percent of the Federal Poverty Level (FPL) who did not otherwise meet eligibility requirements of the Medicaid State Plan, and pregnant women with income at or below 300 percent of the FPL who had incurred family medical expenses resulting in a reduction of their family income to 200 percent of the FPL.

The IowaCare program has a limited benefit package (inpatient/outpatient hospital, physician, and limited dental) and a limited provider network. The provider network was initially comprised of two providers; 1) Broadlawns Medical Center (BMC) in Des Moines for Polk County residents; and 2) the University of Iowa Hospitals and Clinics (UIHC) in Iowa City for the remainder of the member population.

In 2010, a phased-in approach to add Federally Qualified Health Clinics (FQHCs) to the provider network was initiated to support a growing population that exceeded 66,000 in 2013. The member population is currently served by the following six FQHCs and the two originally participating hospitals.

1. Community Health Center of Fort Dodge
2. Crescent Community Health Center - Dubuque
3. Peoples Community Health Clinic - Waterloo
4. Primary Health Care - Marshalltown
5. All Care Community Health Center - Council Bluffs
6. Siouxland Community Health Center – Sioux City
7. Broadlawns Medicaid Center- Des Moines
8. University of Iowa Hospitals and Clinics- Iowa City

The existing 1115 Demonstration Waiver will expire December 31, 2013. January 1, 2014, Iowa intends to implement the new Iowa Health and Wellness Plan, subject to federal approval. The Iowa Health and Wellness Plan will provide coverage to individuals with income up to and including 133 percent of the FPL. Iowa is in the process of submitting necessary State Plan Amendments and two 1115 Demonstration Waivers to the Centers for Medicare and Medicaid Services (CMS) for approval of two different service delivery models for this population:

- The 'Wellness Plan' will provide coverage to individuals with income up to and including 100 percent of the FPL, through a state-run benefit plan that is consistent with commercial market Essential Health Benefit (EHB) plans and indexed to the State Employee Plan benefits.

- The 'Marketplace Choice Plan' will provide coverage to individuals with income from 101 percent to 133 percent of the FPL through a premium assistance model whereby the state pays the premium for the individual to access coverage through a Qualified Health Plan (QHP) participating in the Marketplace.
- Individuals who are determined to be medically frail, under both options above, will have the choice to be enrolled in either State Plan Medicaid coverage or the Iowa Wellness Plan, regardless of their income (0-133 percent of FPL).

It is believed that the majority of IowaCare members will qualify for coverage under the Iowa Health and Wellness Plan. Currently, 90% of IowaCare members are at or below 133% FPL. IowaCare has served as a bridge to the more comprehensive coverage that will be available beginning in 2014. Iowa has developed a comprehensive outreach plan for existing IowaCare members and participating IowaCare providers who will provide information and assistance to members as they transition to their new coverage.

B. Iowa's Approach to the Transition

Iowa submitted an amendment to the IowaCare 1115 Demonstration Waiver to cap enrollment in the program beginning July 1, 2013, and to suspend all renewals for IowaCare members between July 1 and December 31, 2013. The purpose of the enrollment cap and renewal suspension was to eliminate confusion that would result by enrolling individuals or renewing coverage in IowaCare for only a few months before the program ended, while at the same time, conducting outreach to enroll them in the new program. In addition, the cap was intended to address concerns about provider capacity due to the continually growing enrollment. This time period will be used to conduct outreach and provide assistance to IowaCare members with applying for the new coverage options that will be available on January 1, 2014.

Iowa's approach will be to use a combination of mailings and notices to IowaCare members notifying them of program changes, the new program, and how to get more information and working with local partners to provide outreach and education to members.

C. Legislative and Rule Making Process

Senate File 446 SECTION 33 – Appropriations from IowaCare Account 249J.24 provides funding for the IowaCare Program only through the first six months of State Fiscal Year (SFY) 2014 in anticipation of the program ending December 31, 2013.

Senate File 446 SECTION 166 created a new chapter 249N in the Iowa Code authorizing the Iowa Health and Wellness Plan beginning January 1, 2014, that will replace the IowaCare 1115 Demonstration Waiver.

Amendments to the Iowa Administrative Code (IAC) have been promulgated to rescind Chapter 92, IowaCare, and create Chapter 74, Iowa Health and Wellness Plan and to implement the IowaCare enrollment cap.

Draft amendments to the IAC for the new Iowa Health and Wellness Plan have been posted to the DHS website and will be filed in September.

D. Applications Submitted Prior to July 1, 2013

In October 2012, Iowa submitted an amendment to the Centers for Medicare and Medicaid Services (CMS) to amend the IowaCare 1115 Demonstration Waiver to implement an enrollment cap, effective July 1, 2013. CMS approved the amendment in June 2013. In addition to the enrollment cap, CMS also approved waiving renewal requirements for IowaCare members between July and December 2013 in order to facilitate enrollment into the new options afforded under the ACA.

Applications that are received on or before June 30, 2013, will be processed even if the eligibility determination cannot be completed until after June 30, 2013. If the applicant meets all eligibility requirements they will be approved for IowaCare with an effective date of June 1, 2013. Applications filed on or after July 1, 2013, will be denied for IowaCare eligibility.

The department will maintain a list of all denied applications and will conduct outreach activities in late August and September to provide information about the Iowa Health and Wellness Plan and the availability of plans in the Health Insurance Marketplace effective January 1, 2014. The Iowa Medicaid Enterprise Member Services Unit will be available to provide customer service and assist with application and enrollment as needed.

E. Eligibility Appeals

IowaCare applications received on or after July 1, 2013, are issued a Notice of Decision (NOD) with a denial message that explains the legal basis for the denial that the program is closed for new members. The denial may be appealed, but no hearing will be held pursuant to the Iowa Administrative Code 441 7.5(2)(a)(1) and 92.15.

All IowaCare members who will be cancelled effective December 31, 2013, will be issued a Notice of Decision that explains that their coverage is ending because the program will not be available after December 31, 2013. The cancellation may be appealed, but no hearing will be held pursuant to the Iowa Administrative Code 441 7.5(2)(a)(1) and 92.15.

F. Consumer Outreach

On or about August 19, 2013, a “teaser” flyer will be distributed to all enrolled IowaCare members announcing the end of IowaCare on December 31, 2013 and notifying members of upcoming healthcare options available on January 1, 2014. Mailings will be staggered over five-six weeks and distributed based upon the member’s county of residence and associated medical home. Please see Appendix A for a sample of this mailing.

On or about September 23, 2013, a Notice of Decision (NOD) will be mailed to all active IowaCare members informing them that their benefits will continue until the program ends on December 31, 2013. Enclosed with the NOD will be inserts notifying members of the health care options available under the Iowa Health and Wellness Plan beginning January 1, 2014 and the Health Insurance Marketplace. Communication will include enrollment instructions and contact information for assistance. Again, mailings will be staggered over five weeks and distributed based upon the member’s county of residence and associated Medical Home.

After October 1, 2013 IowaCare members who submitted applications on or after July 1, 2013, that were denied coverage will be identified and receive targeted outreach to assist with the application process.

G. Member Transition

Beginning January 1, 2014, Iowa will provide Medicaid coverage to individual’s ages 19-64 with income up to and including 133 percent of the FPL under the Iowa Health and Wellness Plan. As described in Section A, family income and medically frail status will be used to determine the benefit plan in which the individual will be enrolled.

Since eligibility for IowaCare has been based on self-declared income, all IowaCare members will have to file an application and be determined eligible based on the Modified Adjusted Gross Income (MAGI) methodology for coverage after December 31, 2013.

Current participants of the IowaCare 1115 Demonstration Waiver will have the opportunity to apply for the Iowa Health and Wellness Plan beginning October 1, 2013. These participants will be notified of the new program requirements and will also be screened for access to Employer Sponsored Insurance (ESI) coverage and for medically frail status. Eligible individuals with access to cost effective ESI coverage will be covered through the Health Insurance Premium Payment (HIPP) program on the State Plan. Eligible individuals that are determined to be medically frail will be defaulted into enrollment in the State Plan but will be able to opt out into coverage on the Iowa Wellness Alternative Benefit Plan (ABP). Enrollment in the Iowa Health and Wellness Plan will initiate simultaneously with the implementation of the Iowa’s Health Insurance Marketplace. Individuals may apply with the single streamlined application through the Department of Human Services application process or through the federal Health

Insurance Marketplace. Coordination between the Marketplace and Medicaid will ensure that individuals who meet the Iowa Health and Wellness Plan requirements are enrolled in the program regardless of how they apply.

After an individual is determined eligible for either the Iowa Wellness Plan or the Marketplace Choice plan, he or she will be screened for medically frail status. Those that are determined to be medically frail will be defaulted to enrollment in State Plan coverage, though they will be able to opt-out and receive ABP coverage through the Iowa Wellness Plan. Individuals enrolled in the Iowa Wellness Plan will be provided with the choice to select a PCP or, if available in their location, an HMO. Those that select a PCP may end up with an independent PCP or with a PCP that is associated with an ACO; however, it will not be apparent at the point of selection if the selected PCP is associated with an ACO. Enrollees that do not make a selection will have a PCP or HMO, as applicable, auto-assigned to them, according to the current auto-assignment logic in place in the regular Medicaid program.

Eligibility Category - Current Authority	Eligibility Category - 1/1/2014 Authority	Benefits	Delivery System
IowaCare up to and including 100% FPL	Iowa Wellness Plan	Wellness Plan Alternative Benefit Plan benefits	PCCM
IowaCare 101% FPL up to and including 133% FPL	Marketplace Choice Plan	Qualified Health Plan Essential Health Benefits	QHP
IowaCare up to and including 133% FPL and determined Medically Frail	Wellness Plan or Marketplace Choice Plan	Default to State Plan benefits, option for Wellness Plan	FFS
IowaCare 134% FPL up to and including 200% FPL	Marketplace Affordability Tax	Qualified Health Plan Essential Health	QHP

	Credits	Benefits	
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The following case scenarios assume an application has been filed prior to the end of the IowaCare 1115 Demonstration Waiver and that income has been determined according to MAGI methodologies:

Case Scenario 1: Coverage for those with income 0 – 100 percent of the FPL will be provided by the Iowa Wellness Plan effective January 1, 2014.

Case Scenario 2: Coverage for those with income 101 to 133 percent of the FPL will be available through the Marketplace Choice Plan effective January 1, 2014.

Case Scenario 3: Individuals who have serious and complex medical conditions and other defined conditions will be identified as Medically Frail. Regardless of where their income falls within the FPL level of the program, these individuals will be able to choose to receive benefits through the Medicaid State Plan (regular Medicaid benefits) or the Wellness Plan so they can receive more comprehensive services to meet their medical needs beginning January 1, 2014.

Case Scenario 4: Coverage for those with income 134 up to and including 200 percent of the FPL will not be eligible for Medicaid coverage but will be eligible to enroll through the Federal Marketplace effective January 1, 2014.

H. Other Communication

On or before July 1, 2013, notice was issued to all IowaCare medical homes and eligibility staff that an enrollment freeze was implemented effective July 1, 2013. Please see Appendix B.

Website

- The Iowa Medicaid Enterprise (IME) website, www.ime.state.ia.us will be updated continually to reflect program changes as decisions are made.
- The IowaCare transition plan will be posted on the IME website, www.ime.state.ia.us.
- Information on the Iowa Health and Wellness Plan will be posted on www.ime.state.ia.us/iowa-health-and-wellness-plan.html.
- Information for members will be posted on the IME website, www.ime.state.ia.us/iowaCare/index.html and on the Frequently Asked Questions (FAQ), www.dhs.state.ia.us/uploads/Comm248%2002%2027%2013.pdf.

- Members can verify eligibility status by contacting their local DHS office or contacting IME Member Services at 1-800-338-8366 or 515-256-4606 (Des Moines area).
- Providers can verify the status of member eligibility at <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do;jsessionid=346FE6D7DD38A53E23C36E181A522D20> or 800-338-7752 Toll Free 515-323-9639 (Des Moines area) or by contacting the IME Provider Services Unit at 1-800-338-7909 Toll Free or 515-256-4609 (Des Moines area).

Provider Communication

The IME will distribute information regarding IowaCare phase out and transition to all contracted network providers. Informational Letter 1258 announced the end of IowaCare effective December 31, 2013. Please see Appendix C for samples of the provider Informational Letter.

Education on the new programs will be released to all providers on or around October 1, 2013. This information will be distributed through several mechanisms:

- Informational Letters
- The monthly IME electronic newsletter
- The IME Website: www.ime.state.ia.us
- Through the Iowa Medicaid Portal (IMPA)

Provider Manuals will be updated to remove references to the IowaCare program contained within the General Program Policies, Member Eligibility.

Other Member Communication

The IME will work in conjunction with the IowaCare Steering Committee in developing and continually evolving the outreach plan for IowaCare members. The plan will include notification to community partners of the termination of the IowaCare program and support to assist IowaCare members through the transition.

The IME will work collaboratively with Department of Human Service (DHS) field staff and income maintenance workers to ensure members receive the communication they need to learn about alternative coverage options. In addition to the current IME Member Services call center, DHS will establish a new call center to support general health care coverage questions. This call center will support referrals from the Federal Health Insurance Marketplace call center, and will help guide individuals to the correct source for information on health care coverage options available through the Medicaid program.

Community Outreach

The Federally Qualified Health Centers (FQHCs) participating in the IowaCare program are also working on community outreach, in conjunction with the Iowa Insurance Division, DHS, and Iowa Department of Public Health, through opportunities presented

by a HRSA Grant. Some FQHC's will employ representatives on site to distribute mailings, and offer coaching over the phone. Please see Appendix D for an example of the community care initiative.

DHS also intends to partner with other community based organizations, navigators, and certified application counselors who will be providing information and assistance to lowans seeking health care coverage. DHS will make available materials they may use in their efforts about Medicaid, Children's Health Insurance Program, and the new Iowa Health and Wellness Plan. We also will provide contact information about where to go for specific kinds of questions or for additional assistance.

Consideration of Public Comment on New Waiver(s)

The department has released drafts of the Iowa Plan 1115 Demonstration Waivers being submitted to replace the IowaCare Waiver that will expire on December 31, 2013, available at www.ime.state.ia.us/iowa-health-and-wellness-plan.html.

Under 42 CFR Part 431 and the final rule under Part 431 in the February 27, 2012, issue of the Federal Register, 77 FR 11678-11700 notice of public hearing and public comment period was released on July 15, 2013, which closes August 15, 2013, at 4:30 pm.

Public hearings were held on:

1. July 29, 2013, at 2:00 p.m. at River Place, Room 1 2309 Euclid Ave., Des Moines, IA 50310
2. July 30, 2013, at 11:30 a.m. at Iowa Western College, Looft Hall Auditorium 2700 College Rd., Council Bluffs, IA 51503

The public hearings offered a question and answer session in addition to the public comment period. Written comments may be addressed to:

Maggie Reilly, Department of Human Services,
Iowa Medicaid Enterprise,
100 Army Post Road,
Des Moines, IA 50315.

Comments could also be sent to the attention of: **DHS, Iowa Health and Wellness Plan** at DHSIMEHealthandWellnesPlan@dhs.state.ia.us through August 15, 2013.

The public, by contacting Maggie Reilly at the above address, may review comments received.

The IME will consider all public comments and after August 15, 2013, the department will submit the two waiver requests to implement the Iowa Health and Wellness Plan as outlined in the aforementioned information. Based on preliminary discussion with CMS, the department does not anticipate major changes to the proposed waivers and will be

prepared to make any adjustments to align with the approved special terms and conditions.

I. Administrative Changes

Operations

The operational changes needed to end the IowaCare program span across all of the Iowa Medicaid Enterprise units as well as other areas within the Iowa Department of Human Services. System wide coordination will allow a smooth phasing out of the program.

Changes to the Eligibility System

DHS will not approve IowaCare applications dated July 1, 2013, or later. However, it will approve IowaCare applications dated June 30, 2013, or earlier with an effective date of June 1, 2013, if all eligibility criteria were met prior to July 1, 2013.

IowaCare Aid Types, which are utilized within the Medicaid Management Information System (MMIS), will stop being generated when members are no longer enrolled under that program on January 1, 2014.

IowaCare Identification Cards

No new IowaCare eligibility cards will be issued. Replacement cards will be generated and mailed upon request for lost, stolen, or damaged eligibility cards through December 31, 2013.

MMIS Changes

IowaCare Patient Listings generated and provided to each Medical Home will be discontinued after November 30, 2013.

IowaCare members will no longer be assigned to a Medical Home after December 31, 2013.

Eligibility Verification System (ELVS) messages related to IowaCare will be discontinued with the termination of the associated Aid Types.

Claims with inpatient stays that begin in the month of December 2013 and end with a discharge in January 2014 will be handled according to the member's eligibility status.

- IowaCare claims for dates of service through 12/31/13 will be submitted with a Type of Bill 112 and status code 30 and then special handled by the IME through a process that bypasses edits related to interim claims and/or concurrent care.
- Iowa Wellness Plan claims for dates of service in January 2014 will be processed as an interim claim and special handled by the IME to bypass edits related to interim claims and concurrent care.
- Members who have enrolled into a Qualified Health Plan through the Marketplace and that were inpatient on December 31, 2013, will be able to

submit claims to the IME with Type of Bill 112 and status code 30 to then be special handled by the IME through a process that bypasses edits related to interim claims and/or concurrent care.

Claim edits will be enacted per Iowa Administrative Code Chapter 92.9(1), which states; *“to facilitate tracking of expenditures, clean claims for IowaCare services shall be submitted to the Iowa Medicaid Enterprise within 20 days from ending date of service”*.

Providers will be able to submit clean claims for services rendered through December 31, 2013 for payment through January 20, 2014. The department and provider network will come to an agreement on timeframes associated with any and all necessary claim corrections, recoupments, or adjustments.

Contracts

Contracts with participating IowaCare providers will be terminated effective December 31, 2013.

Contracts for other aspects of IowaCare administration will be amended to delete those provisions.

Internal documents

Employee manuals will be updated to remove all IowaCare references.

Appendix A

Changes for IowaCare Members

What's Happening

On December 31, 2013, IowaCare will end for all members. On January 1, 2014, there will be new health care choices for IowaCare members. You will be able to apply for this new program beginning in October 2013.

Is Anything Changing Now?

Between now and December 31, 2013, you should continue to go to your assigned IowaCare Medical Home for care.

If you have questions, please contact **Iowa Medicaid Member Services at 1-800-338-8366** or locally in the Des Moines area at 515-256-4606.

New Choices for Health Care

A new health insurance program called the Iowa Health and Wellness Plan will begin on January 1, 2014. Most people on IowaCare will be eligible for this new program.

Over the next few months, the Department of Human Services (DHS) will mail you information and instructions on how to apply for the new health insurance options.

Be sure to watch your mail for news and more details.

What You Need to Do

For now all you need to do is continue to report the following required changes to the Department of Human Services by calling this toll free number 1-877-347-5678:

- Address change
- If you obtain other health insurance coverage
- If you enter a nonmedical institution, including but not limited to jail or other penal institution.
- If you are required to pay a monthly premium, you must make the payment or declare a hardship on time every month. Failure to pay or declare a hardship on time could result in losing your benefits.

More Information

Visit us online at www.ime.state.ia.us/Members/index.html or visit the Health Insurance Marketplace at www.healthcare.gov.

Questions?

Contact Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606.

Appendix B:

Subject: IowaCare changes effective July 1, 2013

Please share this message with all appropriate staff.

Subject: **1. IowaCare Enrollment Closed to New Members**
 2. IowaCare Current Certifications Extended to 12/31/13

Effective Date: July 1, 2013

1. Effective July 1, 2013, IowaCare enrollment will be closed to all **new** members.
 - *IowaCare Applications* received prior to July 1, 2013, will be processed as usual.
 - *IowaCare Applications* received on or after July 1, 2013:
 - First, screen for other Medicaid eligibility, including Medically Needy with a spend down.
 - If ineligible for any other Medicaid group, deny the IowaCare application – a new denial message #286 will be released prior to July 1, 2013:

“Your application for IowaCare has been denied because enrollment for IowaCare members has been closed effective July 1, 2013.
2. There will be no more *IowaCare Renewal* processing for certification periods ending July 31, 2013 or later.
 - *IowaCare Renewal* forms received prior to July 1, 2013, should be processed as usual. IowaCare members who meet the eligibility requirements will be assigned a new certification from July 1, 2013 through December 31, 2013, when renewal entries are made in IABC.
 - *IowaCare Renewal* forms will not be system issued to members who certifications were scheduled to end July 31, 2013 and later months. The certification period will be automatically extended to 12/31/13.

A training webinar will be released before June 28, 2013 for detailed instructions.

Please Note: Planning for the end of the IowaCare program is an ongoing process and information will shared when it becomes available.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Appendix C:

INFORMATIONAL LETTER NO.1258

DATE: July 2, 2013

TO: All Iowa Medicaid Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: IowaCare Program Enrollment Cap Effective July 1, 2013

EFFECTIVE: July 1, 2013

IowaCare is a federally-authorized waiver program that provides limited medical care for low-income adults ages 19-64 who would not otherwise qualify for Medicaid. The IowaCare network is currently supported by designated Federally Qualified Health Centers (FQHC) across the state, Broadlawns Medical Center, and the University of Iowa Hospitals and Clinics (UIHC).

The IowaCare program will end on December 31, 2013. In order to phase out the program, beginning July 1, 2013, the IowaCare program will no longer approve new applications. Members currently enrolled in the program will continue to be eligible for services until the program ends, unless they are dis-enrolled for another reason (e.g. moving out of state or not paying the premium).

Applications filed prior to July 1, 2013, will be processed as usual. The IME will begin to educate IowaCare members and will reach out throughout the summer and fall to help members prepare for expected changes in 2014.

In the meantime, there will be no changes to the services offered to IowaCare members.

The IME appreciates your continued partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally (in Des Moines) at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

Appendix D:

Iowa Primary Care Association Letter of Intent to Apply For Safety Net Community Care Coordination Funding

As a result of funding from the Iowa Legislature, the Iowa Primary Care Association (Iowa PCA) in its role in convening the Iowa Collaborative Safety Net Provider Network (Network) is seeking letters of intent for application of funding available to support community care coordination initiatives. The goals of this funding are to meet the unique needs of high risk populations, deploy care coordination services to help support primary care practices, and to demonstrate the value of care coordination and linkages to community resources that can support the social and behavioral health needs of patients, improve quality, population health, decrease costs, and engage practices in quality improvement initiatives to meet the Institute for Healthcare Improvement's Triple Aim. The Iowa PCA is working in conjunction with the Iowa Department of Human Services to align this initiative with the health care delivery system model developed under the State Innovation Model grant from the Centers for Medicare and Medicaid Services.

The Network is comprised of Community Health Centers, Rural Health Clinics, Critical Access Hospitals, Family Planning Agencies, Behavioral Health providers, Free Clinics, County and Local Boards of Health and Maternal/Child Health Providers, Academic Partners, and other partners.

The mission of the Network is:

"Through collaboration, innovation, and advocacy, the Iowa Collaborative Safety Net Provider Network improves access to health services, quality of patient care, and the health of underserved patients in Iowa."

The goals of the Network are as follows:

- ❖ Increase underserved populations' access to health services.
- ❖ Increase health system integration and collaboration across the continuum of care with a focus on safety net services.
- ❖ Enhance the Iowa Collaborative Safety Net Provider Network's communications and education efforts

The Network requests that interested organizations develop and submit a letter of intent for available community care coordination funding. Community care coordination funding will provide two regions with approximately \$300,000 (per region) as well as statewide support focused on improving primary care providers' ability to manage the pharmaceutical and behavioral health needs of their high risk Medicaid and uninsured patients. The community care coordination funding should be used to build a team of care coordination resources to support primary care practices in becoming more patient centered. This initiative is intended to demonstrate the necessity and value of this type of care coordination infrastructure for safety net, rural, small, and independent providers and has the potential to play an import role in Iowa Medicaid Enterprise's State Innovation Model development.

Organizations submitting a letter of intent should address the following criteria in a response that is no longer than eight pages, single-spaced, using a 12-point font.